



# THE COURIER

July/August 2002



## Former Head Of Patient and Guest Relations Awarded For Outstanding Customer Service

By JO2 Daniel A. Bristol



NMCP's Commanding Officer Adm. Clinton Adams presents Cmdr. Ava C. Abney, Division Head of General Surgery Nursing with a Meritorious Service Medal in his office. Abney received the award for her outstanding service from May 1999 to March 2002 as Product Line Leader for Patient and Guest Relations and Beneficiary Services at NMCP. According to the citation, Abney received the award in part for developing an innovative computer data base to track and close over 2500 complaints, compliments, congressional and beneficiary inquiries and 10,000 patient surveys annually.

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**Get the latest news on the transition to Building One and 215 on the Intranet under News/Info, then Transitions Task Force**



## Dental Assistant Program



The Red Cross Dental Assistant Program enables participants to gain hands-on experience with dental assisting and features instruction in the skills necessary to work with the dentists in chair-side assisting, record maintenance, equipment sterilization, and other area. Completion of the program provides the participant with marketable skills which could be used to obtain employment in the field of dental assisting.

Applicants must meet the following requirements:

- *Be willing to stay in the area for at least six months.*
- *Volunteer for a minimum of 500 hours to be eligible for certification.*
- *Attend Red Cross, Medical Center, and Dental Clinic Orientations,*
- *Attend the initial dental training course.*
- *Work a minimum of three full days per week, and be CPR/First Aid Certified, or willing to train*

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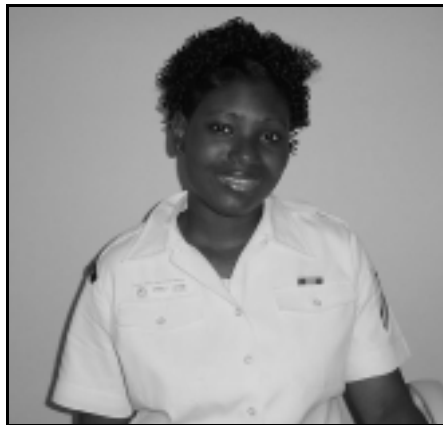
**How do I get something in The Courier?**

The command's monthly publication provides an avenue to circulate all the useful information the Medical Center staff has to offer. Contact the Public Affairs Office at 953-7986, Fax 953-5118, via Guardmail, or you can E-mail the PAO, Lt. Lyon, at [rtlyon@pnh10.med.navy.mil](mailto:rtlyon@pnh10.med.navy.mil). Submissions should be on a disk in text or Word format with a paper copy attached. Photos are welcome and can be returned on request. The Courier now comes out once a month. Send your submissions to the Public Affairs Office and we'll put it in the next current issue, space permitting. Submission deadline for the next issue is the 15th!!

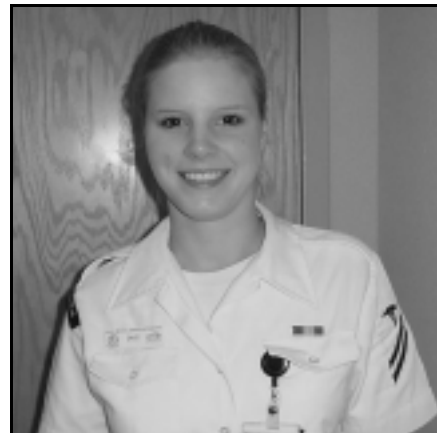
We are located in Bldg. 215, second deck, Room 2-118.

# August Staff Soundoff

**Question:** *What is your idea of an good leader?*



A good leader admits when he is wrong and is available when his people need him. Good leaders also set good examples for their people. HA Cachina Cheeley, OB/GYN



It is someone who knows the job so well they can do it themselves first, then ask for assistance. A good leader is not going to have their people unable to do things, so they're going to make sure they know the job as well. HN Brandi Davis, OB/GYN



A good leader must know about being a good follower and a good listener. A true leader will also know their limitations, but will challenge themselves and those who work for them to exceed those limits whenever possible. HM1 Luann Smith, Command DAPA



A good leader knows how to explain things. They not only tell you what to do, they can show you how to do it if necessary. They also have good communication skills when it comes to dealing with their subordinates. HM3 Nikki Rat-tray, NSHS

# Chiropractic Services Coming To Branch Clinics

Story by JO2 Duke Richardson

Plans are currently in the works for three of Naval Medical Center Portsmouth's branch medical clinics to have a new service available for its beneficiaries. By the end of the year, the branch medical clinics located at Sewells Point, Oceana, and Boone will offer chiropractic services to its clients. Currently, the plan is to have one chiropractor at each clinic.

Chiropractics is a good, non-surgical, non-invasive way to help alleviate chronic and acute pain, according to Lt. Cmdr William Sukovich, team leader of NMCP's spine surgery and bone and joint clinic. "This is a good way to take care of certain problems, but by no means is it effective for everything. It is not meant to be a substitute for problems which would normally require patients to have surgery. But I feel it is something worth trying before going through surgery for some conditions."

When chiropractors treat patients, they analyze the spine and look for incomplete or partial dislocations of bones in a joint (subluxation), which could cause pressure along nerves. This can lead to pain in the neck, back, arms, legs and shoulders.

"Upon opening, the chiropractic services at the branch clinics will be available only to service members," said Sukovich. "This service will only be given to active duty members at first. It will not be readily available to family members when it first starts, but I am sure over the course of time that will change. But the main focus at first will be our active duty members. In order for things to run a little bit more smoothly and effectively, we're going to have a guideline as to who can see the chiropractor initially until we have enough chiropractors to provide the service without limitations."

According to Sukovich, there is definitely a need for practitioners for this new service since back pain is one of the main complaints received from patients. So, it is a viable and valuable service needed to help customers treat the affliction. "Being a spine surgeon, I'd say this type of treatment definitely has benefits. We see a lot of people here for back pain, and a very small

percentage of them need surgery. Approximately 80 percent of people experience back pain at some point in their life. It is a common disability in people under age 40. So we need to have other providers, besides surgeons, to treat these patients, and the ones needing surgery will come to see the spine surgeons."

Sukovich says the introduction of chiropractic services is definitely an effective way to treat front-line and fleet-based service members. "Frequently, for example, when a fleet sailor suffers a back injury, it can be fixed without surgery through a chiropractor. If the problem is treated quickly, the service member will get better quicker and can return to their regular work routine sooner. If it's not treated effectively, and the drug ibuprofen is not always effective, then it can lead to a more chronic condition, which could leave them out of action longer. Having chiropractic services available to our fleet sailors will reduce the amount of down time they will have as a result of a neck or back injury increasing the service member's productivity and quality of life."

## Armed Forces Scholarship Awarded At NMCP



David Bradford, center, received the Armed Forces Scholarship \$1,000 award from its sponsor, J. Hunter Brantley as Naval Medical Center Portsmouth's Commander, Rear Adm. Clinton E. Adams, right, looks on. Bradford plans on continuing his education later this year at William & Mary College in Williamsburg, Va. Photo by JO2 Duke Richardson

# TRICARE OFFERS WAYS TO 'TAKE CARE OF YOURSELF'

Story by JO3 Theresa Raymond

More than 81,000 people visited the Emergency Room at Naval Medical Center Portsmouth last year. According to Capt. Gerard Kennedy, a Family Practice Primary Care Physician, roughly 80 percent didn't need to go to the ER.

"If we (doctors) look at why patients call, 80 percent of the time it doesn't need physician involvement," Kennedy explained. "We urge patients to use their 'Take Care Of Yourself' handbooks."

The 'Take Care Of Yourself' handbooks are available for all Tricare Prime beneficiaries. The guide helps patients determine if they need to go to the emergency room, call to make an appointment, or treat their situation at home.

It also gives its patients options and phone numbers, so when medical difficulties occur, patients don't feel helpless or left without options.

While NMCP offers its patients books to help educate the patient, it has also implemented an after hours

care phone center to answer any questions that may arise. Patients may call the Health Care Information Line, 1-800-213-5453 where they can speak directly to a nurse.

"Patients have the option to call the Health Care Information Line (1-800-213-5453) or call the clinic after hours. Some patients would rather call the clinic because they may have special needs," said Patty Dodson, a Pediatric Registered Nurse.

"If the Health Care Information Line was to refer the patient to the clinic, or the patient were to call the clinic directly, patients would be given the option to leave a message and the duty physician would call the patient back on an average of 15 minutes," said Kennedy.

If the traveler requires care, they should contact the Tricare Service Center and request a care authorization. If the situation is emergent, Tricare should be notified within 24-hours after the visit to the emergency

## TR Sailors Roll Up Their Sleeves to Help Fellow Shipmates

Story by JO2 Duke Richardson

USS Theodore Roosevelt sailors were recently called upon by Naval Medical Center Portsmouth to give the gift of life, and they did just that.

In all, a total of 60 Roosevelt sailors took time out of their hectic, shipyard duties in order to give blood to help save lives.

"When I heard that a blood drive was being held here, I decided that it would be the right thing for me to do to come and lend a helping hand," said BM3 Daren Cobbs, a TR sailor. "Although this is my very first time donating blood, I definitely feel it is for a good cause because so many people need it."

HM3 Matthew Trottier, a corpsman aboard the Roosevelt, echoed the sentiments of Cobbs as well as his shipmates who came to the blood drive. "A lot of people need it for operations and emergency situations such as accidents," he said. "Plus, being a corpsman working in medical, I feel this is a good way for me to lead by example. The more people that give

blood the better off everyone will be. There will be a lesser chance of blood shortages because there will be enough in stock should we ever need it."

The goal for the TR blood drive was to collect as many units of blood as possible. "This is being done in order to replenish the blood supply for the hospital and throughout the area," said Ens. Charles Banks, NMCP's Blood Bank Officer. "We usually go to fleet commands about four to six times a month to get the ship-based sailors a chance to get involved."

"The turnout for the ships is usually really well," Said Banks. "In such situations we see a good number of sailors, and that helps us keep the blood supply up. Today's turnout was really good. It's standing room only, and we're really



HN Celeste Jenkins, left, draws blood from HM2(SW/FMF) Jerome Harding during a blood drive on board the USS Theodore Roosevelt held July 9th. Photo by JO2 Duke Richardson

happy. It is obvious that the Roosevelt fully supports what we are doing, or we wouldn't have had the turnout we did.

"It was good this time, I am happy with the results of this blood drive, and I believe that when we go back to the Theodore Roosevelt on July 29th we will do even better."

# In The Car. In The Water, Is Your Child Safe?

Story by: Kerry Adamonson

Children are precious to us. We must love and protect them with all of our hearts. Providing a safe environment is one of the most important and necessary things we can do for our kids. Proper use and installation of child safety seats can prevent serious injury and death. *Simple guidelines for safe travel:*

1. Buy car seats that were made after 1981, when stricter safety guidelines were enacted.
2. Follow all of the car seat and car manufacturer's instructions when installing a car seat.
3. Never put infants in a front seat with passenger side air bags. If your car has dual air bags and no back seat, your infant should not ride in that vehicle.
4. Infants under 1 year and under 20 pounds should be secured in a rear facing, infant only, car safety seat at a 45 degree angle and with a 5 point harness.
5. Children over 1 year old and over 20 pounds can be moved to a forward facing position in a standard car seat for as long as possible. Make sure there is no passenger air bag and that the child's seat is pushed as far back as possible from the dash board if the child must

ride in the front seat.

6. Children who are 40 inches tall and weigh over 40 pounds can sit in a car booster seat.

7. It is not safe for children under 12 years to ride in front seats of cars with passenger air bags.

8. In fact the rear center seat is safest.

9. When children are old enough to use the seat belts, they should still ride in the back seat. The lap belt should stay low and tight across the hips. It should not ride up over the stomach. The shoulder belt should fit across the shoulder and chest, not across the face and neck.

## *Keep Children Safe in the Water*

A child can drown in an inch of water in minutes. Never allow your child to swim anywhere unsupervised, including quarries, canals, ponds, or pools. Teach your child to always swim with a buddy, never alone. Emphasize that diving into unknown bodies of water is dangerous. Explain the consequences of diving into shallow water and that a shallow bottom is not always visible from the surface.

# Campaign Reminds Everyone Not To Drink And Drive

Story by LCDR Fawn Snow

To remind people to refrain from drinking and driving and prevent others from driving under the influence, the Injury Prevention Division of the Emergency and Urgent Care Department and DAPA cosponsored a unique Drinking and Driving Awareness campaign 02 and 03 July. Motorists read signs held by volunteer "witnesses" as they left NMCP. The signs read "I never made it home... I died Drinking and Driving;" "I killed a person when I drove after drinking;" and "My best friend killed me by drinking and driving." Each ended with the phrase, "Don't Drink and Drive." Signs were based on actual drunk driving events.

Motor vehicle crashes are the leading cause of death ages 14 and younger. Driving under the influence of alcohol and drugs contributes to many of these deaths, killing more than 16,000 people and injuring nearly 305,000 more every year. Someone in America dies in an alcohol-related crash every 32 minutes. These deaths and injuries are all preventable. The cost of a cab ride or even a night in a hotel are nothing compared to the cost of killing or permanently injuring yourself or someone else.



LCDR Fawn Snow, HM3 Brandon Gray and HM1 Luann Smith show signs of preventing drinking and driving. Others involved in the campaign but not pictured are HN Heather Warne, HM2 Claudia CardozaPatino, HA Luisa BernalEscobar, and HN James Limer Photo by JO2 Daniel A. Bristol

# Career Counselor Information

## ENLISTED TO OFFICER COMMISSIONING PROGRAMS

### MEDICAL ENLISTED COMMISSIONING PROGRAM FY-03

#### Most frequently asked questions.

##### 1. What is the MECP Program?

The Medical Enlisted Commissioning Program (MECP) is a commissioning program specifically intended to provide an advancement pathway to commissioned status in the Nurse Corps, U.S. Naval Reserve, on the active duty list. It is not intended to serve as a precursor to medical school, nor for academic programs leading to certification, or licensure as a physical pathway for all enlisted (Regular Navy or Naval Reserve on active duty and Regular Marine Corps or Marine Corps on active duty) ratings pay grades E-5 through E-9 ratings into the Medical Service Corps. The program is divided into the Health Care Administration section and the Physician Assistant section. Applicants can also be selected for duty under instruction (DUINS) to obtain a graduate degree in healthcare administration.

##### 2. Who can apply?

Career motivated active duty enlisted personnel who are serving in the Regular Navy, Naval Reserve, Marine Corps, Marine Corps Reserve on active duty including (TAR) in any rating or military occupational specialty (MOS), in pay grades E5-E9.

##### 3. What are the basic eligibility requirements?

- U.S. citizenship (no waiver)
- Member must not have reached their 40<sup>th</sup> birthday by the time of initial appointment and commissioning.
- Moral character and conduct. Applicants must not have any court martial convictions, or civilian felony convictions, have no record of disciplinary action under Article 15, Uniform Code of Military Justice, or conviction by civil court for misdemeanors (except minor traffic violations) during the three years preceding application for the program. Any substantial drug use or alcohol abuse will result in disqualification.
- Candidates for this program must possess a qualifying degree for HCA. The minimum education requirement is a qualifying degree for Health Care Administration in business/healthcare administration or a management-related discipline. Applicants must have a 2.5 or better grade point average on a 4.0 scale. See the OPNAVINST 1420.1 Chapter 13 paragraph 4 for further in depth requirements.
- Meet physical fitness and height and weight or body fat percentage at the time of application and appointment.
- Complete the Personnel Security Questionnaire (SF86) is required for all applicants who do not possess a current Entrance National Agency Check (ENTNAC) or a Na-

tional Agency Check (NAC). The Command Security Manager should

assist applicants in determining whether the appropriate agency check is on file with DONCAF. Applicants who do not have either a valid ENTNAC or NAC must include a complete SF86 with the officer programs application.

- Recommendation from the Commanding Officer.

##### 4. What is the process and agenda for the package submission at NMCP?

07 June 02- Chits must be submitted by 10 June 02- Initial package submission 17 June 02- Package review board with Applicant, RTM, LCPO and NMCP CCC Office Staff (package returned to applicant) 02 July 02- Final Package submission 09-11 July 02- Interview Boards 12-17 July 02- NMCP CCC Final Review 18-26 July 02- CO,XO,CMC Review 02 August 02- Packages must be postmarked

### MEDICAL SERVICE CORPS PROGRAM

#### Most frequently asked questions.

##### 1. What is the MSC Program?

The MSC IPP is a commissioning pathway for all enlisted (Regular Navy or Naval Reserve on active duty and Regular Marine Corps or Marine Corps on active duty) ratings pay grades E-5 through E-9 ratings into the Medical Service Corps. The program is divided into the Health Care Administration section and the Physician Assistant section. Applicants can also be selected for duty under instruction (DUINS) to obtain a graduate degree in healthcare administration.

##### 2. Who can apply?

Career motivated active duty enlisted personnel who are serving in the Regular Navy, Naval Reserve, Marine Corps, Marine Corps Reserve on active duty including (TAR) in any rating or military occupational specialty (MOS), in pay grades E5-E9.

##### 3. What are the basic eligibility requirements?

- U.S. citizenship (no waiver)
- Member must not have reached their 40<sup>th</sup> birthday by the time of initial appointment and commissioning.
- Moral character and conduct. Applicants must not have any court martial convictions, or civilian felony convictions, have no record of disciplinary action under Article 15, Uniform Code of Military Justice, or conviction by civil court for misdemeanors (except minor traffic violations) during the three years preceding application for the program. Any substantial drug use or alcohol abuse will result in disqualification.

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- Meet physical fitness and height and weight or body fat percentage at the time of application and appointment.

- Complete the Personnel Security Questionnaire (SF86) is required for all applicants who do not possess a current Entrance National Agency Check (ENTNAC)

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## Wenzel Named as Newest MSC of the Quarter

*Story by JO2 Duke Richardson*

Naval Medical Center Portsmouth recently ushered in its newest Medical Service Corps of the Quarter Lt. Danielle Wenzel. She beat out three other nominees who faced a competitive screening process in which their professional contributions to NMCP's mission were evaluated.

Wenzel, who serves at the hospital as the team leader of NMCP's Patient Administration, says winning the award was amazed when she found out she was the winner of the award. "I was really surprised when I found out because this is a really big accomplishment," said Wenzel. "The competition was very tough and everyone that was there deserved to be there. I feel I have accomplished a lot here at the hospital and it feels good to receive this recognition."

As the patient administration team leader, she is in charge of approximately 90 people in subdivisions including medical records, decedent affairs, and admissions. She says what she enjoys most about being in a managerial position is working with and helping other people reach their full potential. "I enjoy interacting with other people and solving problems which may arise," said Wenzel. "It is good to know that we contribute to the hospital's mission, and that through teamwork we help make things better here for everyone."

The value of mentorship is the main thing Wenzel attributes to her successes throughout her military career. She believes service members who have been around should help their juniors along their paths. "I wouldn't have gotten to this point if I didn't have a mentor. It definitely helps in the long run," she said. "I was fortunate enough to have had two and it really has helped me achieve my goals."



Lt. Danielle Wenzel, right, NMCP's newest MSC of the Quarter, aids HN Marita Weatherly in maintaining medical records. *Photo by JO2 Duke Richardson*

# NMCP Pitches Tent To Fight Biomedical Attack

Story and Photo By JO2 Duke Richardson

Naval Medical Center Portsmouth recently acquired a new tool to use in the event of a biomedical attack. A tent, geared for the decontamination of biomedical attack victims, is now a viable part of the hospital's defense in the event of such an incident.

According to Lt. Cmdr. Eric Sergienko, emergency medical resident, one of the main purposes of the biomedical tent is to decontaminate victims and to greatly decrease the chance of spreading any harmful agents within the hospital, thus passing it on to other patients. "The biomedical tent provides NMCP with a rapid means of decontaminating people in the event of a mass casualty," he said.

"Theoretical speaking, if you have a situation where many people are contaminated by some sort of agent in an attack, many of those patients won't wait for an emergency response team to transport them to a hospital. So, you will have patients show up at the hospital. So by having this decontamination unit, we have the capability of ensuring patients are not contaminated before they enter the hospital."

If an infected person entered the hospital, the threat of contaminating other patients would be intensely high, which could lead to more serious illnesses or deaths. By going through the biomedical tent, the chance of contaminating the hospital is eliminated. Once a patient has been decontaminated, they are treated just like any other patient receiving care.

Personnel manning the decontamination station have the ability to treat over 100 patients per hour. Makeshift showerheads line the interior of the tent in which ambulatory patients will be able to scrub away the contaminants before making their way to the hospital for further evaluation and treatment. For casualties unable to move on their own volition, they will be placed upon a rolling platform, form similar to a conveyor belt and rolled along while



Naval Medical Center Portsmouth staff members practice decontaminating a chemical attack victim. NMCP recently received a biomedical tent geared for usage in the case of a biochemical attack. Unlike other hospitals, NMCP will have the tent stored locally for quick and easy access if the need to decontaminate victims ever arises.

medical personnel aid in their cleaning up process by spraying them down with water and soap.

"Our current plan right now is to have about 15 people in the hospital at all times on station ready to respond to a mass casualty situation which would involve contamination," said Sergienko. "While six people are getting the station set up, the other corpsmen will be donning decontamination protective suits and getting medical supplies ready for treating patients. With a good division, of labor we can have everything set up and ready in no time at all. My goal is to be able to start treating patients within 10 minutes of a (biomedical) mass casualty."

"The tent also gives us the capability to provide rapid treatment to severely injured patients if the need arises," Sergienko said. "So

it is not just a decontamination tent, it also serves as an emergency triage and treatment area."

When the staff members went through the indoctrination and drilling process when the tent first arrived at NMCP, the fastest time recorded was about seven minutes. "This is the first time we have worked with this so there is a bit of a learning curve, but all in all the corpsmen did a very good job in getting it ready," said Sergienko. "We plan on doing drills with it once a month up until our next mass casualty drill later this year."

NMCP is the first military medical treatment facility to receive and permanently store the biomedical tent locally. "This hospital is the first one to set up a 24 hour/ seven day a week readiness capability when it comes to decontamination," said Sergienko. "It's a valuable asset to the command as well as patients. Other hospitals have access to similar units, but on a recall basis. In those cases, they have to call in transporters to bring the decon unit in and that can add up to a lot of lost time. Having the unit stored here at the hospital, and having people here standing by in the case of a situation will help us provide rapid response and care to our patients if the need ever comes up."



# NMCP's Junior Enlisted Stay Focused On The Road Ahead

Story by JO2 Daniel A. Bristol

Have you heard any rumors about the future of advancement opportunities? Or maybe you heard one about the merger of the Dental Tech and Hospital Corpsman ratings. Have you heard anything about what's going on with the budget at Naval Medical Center Portsmouth? Well, if you were in the NMCP auditorium July 22, 2002, then you got the real scoop on all of these as MCPO Jacqueline DiRosa, the Force Master Chief, addressed NMCP's E-6 and below.

The budget shouldn't be the main focus of hospital personnel. The attention, at the hospital's E-6 and below level, should be toward the customers and doing everything possible for them. "Let the service you are providing be your main focus," said DiRosa.

DiRosa said that at the hospital things should carry on as usual. She said as long as things continue to move forward everything else will play out just fine.

One way to assure forward movement is to concentrate on advancement. Then the sound of applause filled the auditorium as DiRosa told everyone of the future plan to eventually eliminate the advancement tests. A system will be put into place that will advance those who deserve it based on performance and not test taking abilities. Also the recent change in high year tenure for E-6's and E-4's should help improve advancement opportunities as well.

DiRosa said that the possibility of the Dental Technician and Hospital Corpsman ratings merging into one is something being looked at as a possibility for the future. With this merger, billets could open up where there weren't any before. She said that it's possible this



Master Chief Jacqueline DiRosa speaks out on various issues concerning NMCP's junior enlisted Photo by JO2 Duke Richardson

merger will bring about opportunities for military members with special NEC's to be able to do other jobs. In the past, members with NEC's were getting stuck in one specialty field, and it made advancement opportunities more difficult. Right now the possibility to drop an NEC and work in another specialty field only exists if there is no SRB involved.

Following a question and answer session, where DiRosa addressed personal issues for a few sailors, she reminded everyone to stay focused on the services being provided at the hospital. "Keep doing what you are doing," said DiRosa. "You are doing a great job...focus on that, that outweighs everything else."

## Transition Task Force Update

**Bldg 215** occupants ( Occupational Therapy, Orthotics, Psychology, Psychiatry, Plus / ID Clinics, Urinalysis, NEX, Command Equal Opportunity and others) have completed moves to their temporary spaces on the 4<sup>th</sup> & 5<sup>th</sup> floors.

**Bldg 1** occupants will start the historic move on the 12<sup>th</sup> of August with the last move being on the 27<sup>th</sup> of August. For additional information please access the Transition Task Force web page at <<<http://temp-intranet.mar.med.navy.mil/ttf/index.asp>>> or e-mail [MAR-TransitionTaskForce@mar.med.navy.mil](mailto:MAR-TransitionTaskForce@mar.med.navy.mil) <<mailto:MAR-TransitionTaskForce@mar.med.navy.mil>> <<<mailto:MAR-TransitionTaskForce@mar.med.navy.mil>>>

**BLDG 215:**In September the 1<sup>st</sup> & 2<sup>nd</sup> floors of Bldg 215 will be vacated for construction startup. The pedestrian bridge connecting the 2<sup>nd</sup> floors of Bldg 2 & Bldg 215 will be closed. The pedestrian bridge on the 3<sup>rd</sup> floor of Bldg 2 connecting to the 4<sup>th</sup> floor of Bldg 215 is now open and will be utilized until construction is completed on the 1<sup>st</sup> & 2<sup>nd</sup> floors.

The 1<sup>st</sup> floor of Bldg 215 will have limited accessibility to the elevators only. All fire exits/ stairs will be open during this phase of construction. For additional information please e-mail [FacTransGrp@pnh10.med.navy.mil](mailto:FacTransGrp@pnh10.med.navy.mil) <<mailto:FacTransGrp@pnh10.med.navy.mil>> <<<mailto:FacTransGrp@pnh10.med.navy.mil>>>

# NMCP Has New Bereavement Support Groups

By CDR Wanda Weidman, CHC, USN

Decades ago the big three topics people were afraid to broach were sex, religion and politics. Today we are bombarded with constant discussion of these themes on TV, radio, and news media. However, a much more difficult topic to tackle is DEATH. Decades ago death was very visible. Bodies were tended to at home and visitation took place there. Now few people even want to discuss death for fear of hurting someone's feelings. Many speak in euphemisms like "passed away" or "left this earth" rather than "died". Many people under forty have never seen a dead body. We have three day funeral leave and are expected to be back to business as usual. This change in our American society is not necessarily one for the better.

Pastoral Care Services at Naval Medical Center Portsmouth is now offering assistance through one of the most profound journeys we humans face. This journey means dealing with the loss and emotions after the funeral, after our friends have stopped inquiring how we are doing, and developing a new benchmark of what "normal" is as a loved one departs from life as we knew it. Everyone experiences death differently, so there are no one size fits all answers. But sometimes it is nice to know you are NOT crazy because you feel or experience certain things. For those of us in the military, being geographically distant from our families can make the healing process more difficult. It can be comforting to speak to others who are making the same difficult journey.

We offer two grief support groups. Both are meeting monthly on an ongoing basis in the PICU (Pediatrics Intensive Care Unit) Conference Room located off the 3A passageway, across from the entrance to PICU. They will operate as open groups meaning people can come and go as duty and underway schedules permit or as people feel they need the assistance. They are open to everyone who wants help. You do not need a referral. Your loss through death might have been last week or twenty years ago. There is power as people share their stories and realize those who have had their lives torn apart by deep loss often experience an emptiness that family and friends might not understand.

Our first group called "Losing a Loved One" is a bereavement group for those who have lost an adult loved one. It could be spouse, parent, grandparent, relative, friend or patient. The person him or herself determines whether the loss is a profound one. It meets the second Tuesday of the month from 1500-1630 in the PICU Conference Room.

Our second group called "Journey of Loss" is a

bereavement group for those who have experienced miscarriage or newborn death. Many are unaware of the magnitude of people suffering this kind of loss. Statistics in the U.S. suggest that one in five pregnancies from conception to 30 days after birth will end in death. Sharing with others who have experienced this pain may help with the healing. This group meets on the fourth Tuesday of the month from 1500-1630 in the PICU Conference Room as well.

For more information on these groups call the NMCP Pastoral Care Services Staff at 953-5550. If these groups do not fit your schedule we also have point of contact for bereavement groups at other civilian facilities.

The NMCP Child Waiting Center will treat these two groups as a medical appointment and will provide FREE childcare when space is available and with appropriate shot records. To be sure space is available, reservations are recommended. For details call them directly 953-6873.

Grief work takes much time and energy. So much so, many avoid it. Yet doing the hard work that grief requires of us has much to do with our future wellness. Grief is a part of life, a part that often shapes who we are as human beings.

## MWR UPDATES

### SAND BAR CENTER HOURS

**EXTENDED** - The Sand Bar Center Gears Lounge will now be open from 3 p.m. - 8 p.m. On Monday and Tuesday evenings. Stop by after work and relax on the deck while enjoying the great view of the Elizabeth River. Call the club if more information is needed, 953-5017

### SATELLITE GYM CLOSED

**TEMPORARILY** - The satellite gym located in bldg 215 is closed temporarily due to renovations on the first and second decks. There will be no scheduled spinning classes until further notice. Call MWR for more information, 953-5096.

# NMCP's DEFY Program Teaches Children To Say "No" To Drugs

Story by JO2 Daniel A. Bristol

All children get picked-on by the school bully. All children have trouble trying to fit in as they are growing up. All children will have to learn to work together with other kids. All children will have self-esteem issues they have to deal with, and all children will be faced with the choice to either do or not do drugs. The Drug Education For Youth program helps prepare them for most of life's early obstacles.

DEFY is a program for children ages nine – 12, lasts for one year and consists of two phases. The first phase is a structured five-day residential or eight-nonresidential camp environment that occurs during the summer-time. During phase one the children participate in classroom learning that covers goal setting, leadership and teamwork, relationships/conflict management, substance abuse prevention, gang awareness/deglamorization and self-esteem. Also during phase one the children participate in physical fitness training, local field trips and compete in a physical challenge.

"Phase one enables the children to bond with the adult mentors," said HM2 April N. Sarani, a mentor for Naval Medical Center Portsmouth's DEFY branch.

Phase two is a school-year program designed to support the training and education received in phase one. The children meet at day care and also one Saturday every month to provide tutoring and positive reinforcement through group mentoring and interactive workshops.

Those students who do well are asked to return the following year as a junior mentor. The mentors from NMCP's branch of the DEFY program are from the hospital and ships at the Norfolk Naval Shipyard. Mentors assist the children in understanding the material being taught. The kids are involved in classroom exercises that teach them techniques to use in dealing with



NMCP's DEFY program children learned to tackle life's early obstacles and this rock wall during a field trip. The rock wall climb was sponsored by the Outdoor Activities Center Dam Neck. Photo by JO2 Daniel A. Bristol

conflicts without getting into a fight. The children participate in different scenarios and role-playing exercises dealing with drug education and prevention and self esteem during camp.

"These children are amazing," said Sarani. "Watching them establish new relationships with each other and their mentors, watching their self esteem bloom and watching 85 children all at once say, 'No, I have better things to with my life than drugs!' and mean it, makes me realize how valuable this program really is."

These children are better prepared for what lies ahead. They are ready to handle the bullies, the 'fitting in' issues, the self-esteem issues, and most importantly, how to handle those who try to give them drugs.

# Sailor Enjoys Helping Patients Recover At Dam Neck

Story by JO2 Duke Richardson

A sailor at Branch Medical Clinic Dam Neck takes things to heart when it comes to patient care. "To me the best thing about being a corpsman and working where I do is seeing patients' health get better and better each time you see them," said HN Tina Townsend, a hospital corpsman assigned to the Nursing Services Department.

"For example, there was one person that was coming in (for follow up appointments after an operation) just about every day for eight weeks. With each visit you could see the patient's condition was getting better," said Townsend. Being a part of that situation, as well as others, is really a rewarding experience to me because it helps me feel as if I'm helping make a difference in somebody's life."

Although she enjoys the job she does within the branch clinic, just as with any job, there are ups and downs. "In this field, you really have to learn to adapt with the needs and requirements of each person you work for," she said. "You have to adapt to people's differences. After a while you get set and used to doing things one way, but the next day you could be assigned to assist another doctor who does or wants things done a little bit differently. So you are continuously adapting to suit the needs of the doctors and patients."

When she is not busy adapting to different doctoral techniques of providing care, Townsend is working towards her goal in having a "more involved" career in medicine. "My ultimate professional goal is to become a trauma nurse while in the service," she said. "Right now I am taking college courses to help me reach that goal. Hopefully with (hard work) and maybe some luck I will be able to participate in the Seaman-to-Admiral Program next year."

During her tour of duty at Dam Neck, she has been nominated twice for the command's Bluejacket of



HN Tina Townsend, a hospital corpsman stationed at Branch Medical Clinic Dam Neck, sorts and organizes medical supplies in a first aid kit.

Photo by JO2 Duke Richardson

the Quarter award. "The corpsmen who received the award are really hard working sailors. I believe really deserved the award a lot more than me," she said humbly. "But it was an honor just to be nominated for the awards and to be recognized for the work I do. I really like working here with the patients and the other staff members. I feel the doctors here are some of the best around and being here gives me a great chance to learn new things all the time."

Being a good student of the game and keeping your eyes and ears open to the ways of people who have come before you are two ways to a satisfying naval career, says Townsend. "Always keep an open mind and heed the good advice of those who have been in your (job field) for a long time," said Townsend. "They have been around and know what needs to be done. Doing this and standing up for the things that are things I feel will help any sailor have a good Navy career."

## Is The Safety Seat Your Child Is Riding In Safe Enough?

Story by LCDR Fawn Snow

More children die after their first birthday from motor vehicle crashes than from any other injuries or diseases. While few parents neglect to use a child restraint device, they may not realize the one they have chosen is not effective. Nine out of ten child safety seats are not installed correctly, and approximately 95% of children ages 4 – 8 years are riding at risk in a seat belt that is too large for their body. This means that children may be injured or killed in even a minor crash. Using the right child restraint device, such as a child safety seat or booster seat, cuts the risk of death and serious injury by half.

To help make sure children receive the most

protection possible while riding in a vehicle, the Emergency Department at Naval Medical Center Portsmouth held child safety seat checks from July 29 to July 31.

29 July 02, 1000-1400: Naval Medical Center Portsmouth, inside the front gate

30 July 02, 1500-1800: Norfolk Naval Base Child Development Center

31 July 02, 1500-1800: Little Creek Naval Base Child Development Center

Seat checks are free. In addition to checking child seats and booster seats for proper installation, technicians verify seats have not been recalled.

# NMCP Offers Classes To Help Beat Old Habits

Story by IO3 Theresa Raymond

Kicking an old habit can be difficult, but once completed is very rewarding. Naval Medical Center Portsmouth's Wellness and Preventions Department is an excellent resource for programs designed to help beat those old habits and stay on track.

"People tend to set high goals for themselves and then wonder why they never attain them," said Community Health Program Specialist, Elaine Nestell, RN.

"So they either stop setting goals, or make promises that are ridiculously easy to keep," said Nestell. "Wellness and Preventions provides a number of services designed to help everyone reach their goals."

Nestell, who works in the Wellness and Preventions office, explains that prevention is a great goal for everyone, no matter their situation. "Taking preventive measures can stop diseases (from developing) and will help you feel better," Nestell explains. "You can't wait until you have a problem. Prevention is the key to a healthier and longer life."

NMCP's Wellness and Preventions Department offers programs designed to help make those needed life's changes. Whether it's

losing weight, quitting smoking or learning how to eat healthy, NMCP has a program that's just right for you.

"There are programs designed solely for active duty, then there are some for everyone who works at the hospital," Nestell points out. "We even have a walking club. For such a small base, it offers a lot."

Here are some of the programs offered by both MWR and Wellness Preventions.

- Learn about cholesterol, what it is and what the numbers mean in health promotions Cardiovascular Risk Reduction Class. Call 953- 2627 for information about registration.

- Blood pressure a little high? Don't know? Then you should get a blood pressure screening at NMCP. It's given daily during through the Wellness Department normal business hours and is open to active duty, beneficiaries and civilian staff on a walk in basis. Call 953-5097 for more information.

- Watching weight is something everyone promises to do during the New Year and NMCP didn't skip that one either. Health Promotions offers a five-week class covering nutritional principles, exercise and behavior modification techniques.

- The Weight Management and self-

hypnosis class offers a four-session program using relaxation techniques and guided imagery. Call 314-6014 to register.

- Want to kick that smoking habit? NMCP's health promotions can help. They offer a number of tobacco cessation classes designed to give you a "fresh start." The four-session program is spanned over two weeks and has two different times available to better suit your needs. Call Mr. West at 953-5975 or Mr. Burke at 953- 2075 for more information.

- If your vow is simply to get out more, MWR can help. They offer fishing and skiing boats, bass boats, pop-up campers, and many other items. Call Ken Mulvaney at 953-5855 for more information.

- Want to start a daily work out routine, but don't know how. Learn how to effectively work out with Dee Hunt, the command group fitness coordinator. Hunt is available for one-on-one consultations, nutrition and exercise advice, and personal training. Call 953-5094 for an appointment.

There are programs for active duty, retirees, dependents, DoD civilians and civilian staff. To see if you qualify, call Wellness and Preventions at 953-5097.

## NMCP's Navy College Office Hosts Education Fair

Naval Medical Center Portsmouth's Navy College office sponsored an Education Fair July 19, 2002 on the second floor of Building Two near the Medical Benefits Office. St. Leo's College, Tidewater Community College, Norfolk State College, ECPI College of Technology, Old Dominion University, George Washington University, Troy State University, Naval Reserve Recruiter, Naval School of Health Science and Coastline Community College were on hand to promote their programs to the sailors and family members. Many interested personnel came to find out how they could further their education. By: JO2 Daniel A. Bristol



# From the Desk Of The Assistant Secretary Of Defense Health Affairs

Story by: Dr. Bill Winkenwerder

I've been on the job nine months now as the Assistant Secretary of Defense for Health Affairs. I've had the great opportunity to travel to a number of regions, visit our military medical treatment facilities here and in Europe, meet many of the outstanding people who make up the Military Health System, and learn about the many innovative practices that you have implemented.

I am sure that every new member of the MHS—whether a senior appointee such as myself, a new physician or a young enlisted member—is awed by the breadth of our operations. The depth and quality of our medical team, and the skill with which we execute our mission. Secretary Rumsfeld expects that we will operate a truly, world-class health care system. From what I have seen, I think we have one—but we need to do more. The roadmap that the Secretary has given us is transformation, that is, eliminating inefficient practices and substituting modern business practices that are mission focused, leading to dramatic leaps in our overall performance.

My intention, through this regular column, is to shine a spotlight on those transformational initiatives that I have observed that are showing early success, and are easily exportable—with the understanding that one size does not fit all. I also intend to maintain the attention of my senior leadership on these innovative local initiatives.

I recently returned from an important visit to the European theater. There were a number of innovative ideas put forward to me during that visit and some of those innovations may be covered in a future column. But I want to focus on one—the region-wide initiative known as open access.

Open access—an idea first introduced just a couple of years ago by Kaiser in California—is simple in concept but can be difficult in execution. The concept was developed by a Kaiser medical team physicians, nurses, and assistants—who had become understandably frustrated with the never-ending backlog of patients needing appointments. In addition to the frustration and the inefficiency from high level of canceled or missed appointments. These primary care providers also understood that most importantly delay the problem. “We developed new appointment types; We centralized the phones; we decentralized the phones; we tweaked the reception area; we conducted “service recovery” programs; and we got out our whips and beat the physicians and staff a little harder. Of course, none of that worked.”

*Sound Familiar?*

But then the team tried “open access.” Open access dictates that you “do today’s work today.” Stud-

ies of appointment systems have shown that with an established and stable panel of enrollees, demand is actually very predictable. Significant numbers of appointment slots are reserved for that day’s work, and when patients call for an appointment, they are offered an appointment that day. On some days, that may mean a longer work day than on others, on other days, the work day may be shorter. But it prevents backlogs—and the bane of many beneficiaries, the dreaded “our appointment books are full please call again next week.”

As I said earlier, execution is not as simple as the concept. Significant planning and commitment is required from leadership and all levels of staff. But I am thrilled with the regional effort in Europe to attempt it. Not every MTF is fully exploiting this radical approach. Nonetheless, what I admired about this effort was that it reflected a bottom-up innovation in the MHS. Young leaders and risk takers saw an opportunity to make a revolutionary change in access to care and implemented a program that is focused on the patient. At the Bamberg Army Health Clinic, they were averaging four-day waits for primary care appointments. Following the implementation of open Access, they are now tracking waiting time for an appointment in hours not days. Just as importantly, in the past a patient would see his or her primary care provider only 30 percent of the time they came for a visit. After open Access, patients saw their own provider 70 percent of the time.

I know that Open Access has been tested in other MTF’s in other regions as well—and I applaud everyone who has challenged the status quo and introduced this idea in their local facility.

Improving access brings with it a cascade of positive effects—a better patient to provider relationship, higher quality, lower cost and improved satisfaction.

We must be committed to fostering a culture that rewards innovation. My priority is to establish communications that ensure good ideas are shared; that headquarters staffs are attentive to field input and are responsive; that when these innovations are proven to be effective, we communicate effectively and resource the system-wide efforts.

A national directive isn’t needed to be creative. No one can beat the military’s ability to apply a good idea and get results. Open access can work. It is truly a transformational approach to a chronic problem. I urge those who are trying it to share that knowledge regularly with others, at regional conferences and at the national TRICARE conference, and I look forward to hearing more about it other places that I visit.

# Boone Clinic Plans To Extend Working Hours

*Story by JO2 Duke Richardson*

In order to enhance their goal of total customer satisfaction, Branch Medical Clinic Boone is currently planning to extend its hours of operations.

Currently, the military acute care (MAC-D) clinic at Boone closes at 4 p.m., but the current plan is for MAC-D to remain open until 8 p.m. "It was discovered that there is a need for longer hours here at acute care in order to properly accommodate our customers," said HMC Mark Fullerton, leading chief petty officer, BMC Boone MAC-D. "So, we started looking at our facility as well as other aspects such as personnel and manpower as part of the initial evaluation process to see if this could work here at Boone. Since then we have been in the planning stage."

Fullerton went on to say that once the hour extension takes effect, active duty personnel, TRICARE for Life patients and TRICARE Prime patients. "It is important to stress that this will be only for acute treatments," he said. "For chronic (ailments), those patients will have to go through the TRICARE hotline number to set up an appointment. Otherwise, our customers can just walk in and receive treatment without going through the hotline, but that is only if they have an acute problem."

Fullerton went on to say there are many benefits to having a program like this come online at the Boone clinic. "Most importantly, it will give our patients better access to health care," he said. "Instead of having to go (to another

health care treatment facility miles away), they can just come here and be seen and receive care quicker. If you go somewhere else, that facility may not accept TRICARE, and you may get stuck having to pay the expenses. But if you come here, you will be able to get the care you need in-house, at little to no cost whatsoever."

This will also cut the waiting time for customers who go to the emergency room at Naval Medical Center Portsmouth, since beneficiaries will have a closer, affordable alternative to receiving care. "We have asked some of our clients that if we had a program like this in place would they use it, and a good number of them said 'yes,'" said Fullerton. "They said it would be better a shorter drive for them, and it would be better for them than waiting for a long time in the emergency room at the hospital. They believe the turnaround time in receiving care would be much greater here at the branch clinic for acute care. Overall, having the extended hours here at the acute care clinic will be a great convenience for our patients."

At this time no date has been announced for the start of the MAC-D operation extension. Plans for this program is still in the planning stage and news of its beginning is forthcoming.

## Junior, Senior Sailor's Of The Quarter Honored At Luncheon

*By HM2 David McIlvain*

Three of NMCP's most outstanding sailors were honored at the Sailor of the Quarter luncheon on Tuesday, July 30. HM1 Luann J Smith won the Sailor of the Quarter award, HM3 Eric Smith from Sewell's Point was named the Jr. Sailor of the Quarter, and HN Chelsea L. Turner was named Blue Jacket of the Quarter.

HM1 Smith, NMCP's newest Sailor of the Quarter, encourages every sailor E-6 and below to apply. "Try for it. Everyone has unique talents to contribute." Smith is a Drug and Alcohol Prevention Counselor and has served the Navy for the past eighteen years. Surprised and excited by their selection, each encouraged their fellow shipmates to compete for the awards. "Competition makes better sailors," HM3 Smith said.

RDML Clinton E. Adams, Commanding Officer of NMCP, said the ceremony captures the Navy tradition of excellence. "The nominees represent what is good and right in the Navy. It's a tradition I hope we never lose." Adams and Command Master Chief David W. Carroll were both impressed with the large gathering of 106 supervisors, colleagues, friends, and family who helped celebrate the nominees' hard work and devotion to duty.

Seventeen nominees were on hand for the awards presentation. "We've got great sailors, the hard thing is all the nominees deserve to be selected," Carroll said. Adams and Carroll were both impressed with the level of support for the ceremony. Adams said, "I am impressed with the staff support for events. It is what makes NMCP different."



**August 1,15,29****Lunch**

Knickerbocker soup  
Grilled chicken strips  
Sweet and sour pork  
Fried rice  
Mixed veggies  
Pound cake  
Blueberry pie

**Dinner**

Mulligatawny soup  
Fish creole  
Baked chicken  
Lyonnaise potatoes  
Beets/ Asparagus  
Orange cake  
Brownies

**August 2,16,30****Lunch**

Clam chowder  
Swiss steak w/ gravy  
Vegetable curry  
Stemed rice  
Mashed potatoes  
Carrots  
Apple crisp

**Dinner**

Beef vegetable soup  
Pot roast w/ gravy  
Lemon baked fish  
Macaroni and cheese  
Parisienne potatoes  
Green beans  
Florida lemon cake

**August 3,17,31****Lunch****Lunch**

Chicken noodle soup  
Baked meatloaf  
BBQ Chicken  
Scalloped potatoes  
Broccoli/Asparagus  
Blackeye peas  
Coconut cream pie

**Dinner**

Pork chops mexicana  
Pizza  
Mashed potatoes  
Spanish rice  
Cauliflower  
Pumpkin pie

**August 4,18,****Lunch**

Vegetable Bean Soup  
Roast turkey w/Gravy  
Swedish Meatballs  
Egg Noodles  
Cornbread Dressing  
Glazed Beets/Carrots  
Dinner Rolls  
Cherry Pie/Banana  
Cake  
**Dinner**  
Turkey Rice soup  
Roast Beef  
Chicken Vega  
Mashed Potatoes/  
Steamed Rice w/Gravy  
Squash/Green Peas  
Oatmeal Cookies  
Peach Pie

**August 5,19****Lunch**

Chicken soup  
Chicken  
Steamed Rice  
Stewed Tomatoes  
Dinner rolls  
Peach crisp  
Chocolate chip cookies

**Dinner**

Braised beef strips  
Baked fish  
Macaroni and cheese  
Rice pilaf  
Carrots/ Spinach  
Pound cake

**August 6,20****Lunch**

Mushroom soup  
Salisbury steak  
Pork loin  
Potatoes or rice  
Green beans  
Frosted brownies

**Dinner**

Minestrone soup  
Baked chicken  
Mashed potato/gravy  
Spaghetti  
Cauliflower  
Turnip greens  
Pineapple cake

**August 7,21****Lunch**

Beef Veg soup  
Grilled Chicken Strips  
Beef Yakasob  
Broccoli, Corn  
Dinner Rolls  
Banana cake/Oatmeal  
Raisin/Apple Crisp

**Dinner**

Lentil soup  
Pork chops (Tropical)  
Lemon Baked Fish  
Potatoes/Rice  
Asparagus/Carrots  
Sweet potato Pie/  
Brownies  
Cocunut cream pie

**August 8,22****Lunch**

Potato soup  
Turkey/Chili Mac  
Potatoes w/Gravy  
Succotash/Fried Okra  
Corn Bread Dressing  
Coconut Cream Pie/  
Sugar Cookies

**Dinner**

Dinner Rolls  
**Dinner**  
Corn Chowder  
Pork Loin/Chicken  
Potatoes/Rice Pilaf  
Carrots/Cauliflower  
Oatmeal Cookies/  
Orange Cake

**August 9,23****Lunch**

Clam Chowder  
Spaghetti/Stuffed Fish  
Mac And Cheese  
Green Beans/Squash  
Dinner Rolls  
Banana Cake/Cookies/  
Apple Crisp

**Dinner**

Beef Noodle soup  
Pasta/Meatloaf  
Mashed Potatoes/Rice  
Broccoli/Corn  
Dinner Rolls  
Butterscotch Brown-  
ies/Lemon Cake  
Brownies

**August 10,24****Lunch**

Broccoli soup  
Roast/Lasagna  
Potatoes/Rice  
Asparagus/  
cauliflower  
Dinner Rolls  
Pound Cake/  
Blueberry Pie

**Dinner**

Onion soup  
Beef Tips/Baked Fish  
Potatoes/Noodles  
Spinach/Beets  
Butterscotch Brown-  
ies/Lemon Cake  
Green beans

**August 11,25****Lunch**

Chicken rice soup  
Lemon turkey pasta  
Swiss steak w/ gravy  
Carrots  
Dinner rolls  
Cherry pie

**Dinner**

Clam chowder  
Roast beef w/ gravy  
Chicken pot pie  
Potatoes/Egg noodles  
Corn/Green beans  
Dinner rolls  
Pumkin pie

**August 12,26****Lunch**

Split pea soup  
Chicken /lasagna  
Peas, Cauliflower  
Garlic bread  
Chocolate cake  
Peach pie

**Dinner**

Cream of mushroom  
Ham w/pineapple  
Herb baked fish  
Sweet potatoes  
Succotash  
Butterscotch brownies  
Apple crisp

**August 13,27****Lunch**

Beef noodle soup  
Roast turkey w/ gravy  
Beef stew  
Mashed potatoes  
Broccoli, Squash  
Cake/Sweet potato pie

**Dinner**

Chicken noodle soup  
BBQ Chicken  
Roast beef, gravy  
Au gratin potatoes  
Steamed rice  
Corn on the cob  
Cocunut cream pie

**August 14****Lunch**

Vegetarian veg. soup  
Beef teriyaki  
Cat fish  
Macaroni and cheese  
Green beans  
Black eye-peas  
Apple pie  
**Dinner**  
Minestrone soup  
Jerk chicken  
Grilled salisbury steak  
potatoes/gravy  
Green peas/Carrots  
Angel food cake

**August 28****Lunch**

Knickerbocker soup  
Grilled chicken strips  
Sweet and sour pork  
Fried rice  
Mixed veggies  
Cake/Blueberry pie  
**Dinner**  
Mulligatawny soup  
Fish creole  
Baked chicken  
Lyonnaise potatoes  
Beets/ Asparagus  
Orange cake  
Brownies